년 104t	J	U.S. Individual Income Tax Return	2009	(99) IRS Use (only - Do not wri	ite or staple in this space.
Label		ne year Jan. 1-Dec. 31, 2009, or other tax year beginning	, 2009	, ending	,20	OMB No. 1645-0074
	L Yo	ur first name and Initial	Last name			Your social security number
		OSEPH R	BIDEN JI	₹.		
on page 14.)	A J B II	a joint return, spouse's first name and initial	Last name			Spouse's social security number
	LlJ	ILL T	BIDEN			
label.	H HO	me address (number and street). If you have a P.O.	box, see page 14.		Apt. no.	You must enter
Outel Wise,	E					▲ your SSN(s) above.▲
or type.	R Cit	y, town or post office, state, and ZIP code. If you have a forel	gn address, see page 14.			Checking a box below will not
Presidential	W	ILMINGTON, DE			,	change your tax or refund.
Election Camp	aign)	Check here if you, or your spouse if filin	g jointly, want \$3 to g			X You X Spouse
Filing Status	s 1	Single	4	Head of househo	old (with quali	fying person). If the qualifying
· · · · · · · · · · · · · · · · · · ·	2	Married filing jointly (even if only one had inc	ome)	person is a child	but not your	dependent, enter this child's
Check only	3	Married filing separately. Enter spouse's SSN	above	name here. 🕨		
one box.		and full name here.				endent child (see page 16)
Exemptions		Yourself. If someone can claim you as a dep				V
	D,	X Spouse			1000	No. of children
	C	Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to	child t	hild for a lived with you
		(1) First name Last name	accurry married	you	(see p	
						or separation (see page 18)
If more than four dependents, see						Dependents on 6c
page 17 and	-					not entered above
check here	. لــــ			<u> </u>		Add numbers on lines 2
1	7	Vages, salaries, tips, etc. Attach Form(s) W-2		···········		7 276,463.
Income	, 8a	Taxable interest. Attach Schedule B if required			·····	$\frac{7}{3a}$ 1,135.
Attach Form(s)	b	Tax-exempt interest. Do not include on line 8a		8h		1 1,233.
W-2 here. Also attach Forms	9a	Ordinary dividends. Attach Schedule B if required	***************************************	OU 1)a
W-2G and	b	Qualified dividends (see page 22)		l ah l		
1099-R if tax	10	Taxable refunds, credits, or offsets of state and lo	cal income taves 5	איינים איינים איינים	p 5	10 0.
was withheld.	11	Alimony received				11
	12	Business income or (loss). Attach Schedule C or (12
If you did not	13	Capital gain or (loss). Attach Schedule D if require	d. If not required, check	here		23.
get a W-2, see page 22.	14	Other gains or (losses). Attach Form 4797	- Trinorrodonou, onoun			4 .
	15 a	IRA distributions 15a	1	b Taxable amount	1	5b
Enclose, but do	16a	Pensions and annuities 16a	31,995.	b Taxable amount	1	6b 31,826.
not attach, any payment. Also,	17	Rental real estate, royalties, partnerships, S corpo				17
please use	18	Farm income or (loss). Attach Schedule F Unemployment compensation in excess of \$2,400 per recip				18
Form 1040-V.	19	Unemployment compensation in excess of \$2,400 per recip (see page 27)	sient			9
	20a	Social security benefits 20a				оь 23,735.
	21	Other income. List type and amount (see page 29)			(i)	
						11
	22	Add the amounts in the far right column for lines 7		r total income	🕨 2	333,182.
.	23	Educator expenses (see page 29) Certain business expenses of reservists, performing artists officials. Attach Form 2108 or 2108-EZ	and fee-basis government	23		
Adjusted Gross	24	afficials, Attach Form 2108 or 2108-EZ		24		
Income	25	Health savings account deduction. Attach Form 88		25		
	26	Moving expenses, Attach Form 3903	or	26		
	27	One-half of self-employment tax. Attach Schedule		27	33	
	28	Self-employed SEP, SIMPLE, and qualified plans		28		
	29 30	Self-employed health insurance deduction (see pa Penalty on early withdrawal of savings		30		
	31a	Alimony paid b Recipient's SSN		31a		
	32	IRA deduction (see page 31)		32		** \$75 5.44 5.00
	33	Student loan interest deduction (see page 34)		33		₹\$\\
	34	Tuition and fees deduction. Attach Form 8917		34		14
	35	Domestic production activities deduction. Attach F		35		
	36	Add lines 23 through 31a and 32 through 35				6
910001 10-20-09	37	Subtract line 36 from line 22. This is your adjusted				7 333,182.

Form 1040 (2009	Τ, (OSEPH R BIDEN JR. & JILL T BIDEN	Page 2
Tax and	20	Amount from line 37 (adjusted gross income)	38 333,182.
Credits	00	Charle (Y)	
	зуа	Check X You were born before January 2, 1945, Blind. Total boxes	
Standard Deduction for -		if: Spouse was born before January 2, 1945, ☐ Blind. ∫ checked ► 39a 1	-
People who		If your spouse itemizes on a separate return or you were a dual-status allon, see page 35 and check here	
(check any	40	I itemized deductions (from Schedule A) or your standard deduction (see left margin) If you are increasing your standard deduction by certain real estate taxes, new molor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35)	40a 64,543.
box on line 89s, 39b, or	b	disaster loss, attach Schedule L and check here (see page 35)	·
40b Of who	41	Subtract line 40a from line 38	41 268,639.
claimed as a	42	Exemptions. If line 38 is \$125, 100 or less and you did not provide housing to a Midwestern displaced individual,	
dependent.		multiply \$3,650 by the number on line 6d. Otherwise, see page 37	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	
		Tax. Check if any tax is from: a Form(s) 8814 b Form 4972	
All others:	44	Tax. Office if any tax is from; B Form(s) 6614 0 Form 4972	
Single or Married filing	45	Alternative minimum tax. Attach Form 6251	
separately,	46	Add lines 44 and 45	46 70,438.
\$5,700 Married filing	47	Foreign tax credit. Attach Form 1116 if required	↓ 하이 ·
jointly or	48	Credit for child and dependent care expenses. Attach Form 2441 48	
Qualifying widow(er),	49	Education credits from Form 8863, line 29	
\$11,400	50	Retirement sayings contributions credit. Attach Form 8880	」 後日 →
Head of	51	Child tax credit (see page 42)	
household, \$8,350	52	Credits from Form; a 8396 b 8839 c 5695 52	
40,000	53	Other credits from Form; a 3800 b 8801 c 53	
L		Add the A7 throat 50 Throat and the transfer of the transfer o	-
	54	Add lines 47 through 53. These are your total oredits	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	
Other	56	Self-employment tax. Attach Schedule SE Unreported social security and Medicare tax from Form: a 4137 b 8919	58
Taxes	57		
•	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	
	59	Additional taxes: a AEIC payments b X Household employment taxes. Attach Schedule H	59 709.
	60	Add lines 55 through 59. This is your total tax Federal income tax withheld from Forms W-2 and 1099 61 65,577	60 71,147.
Payments	61	Federal income tax withheld from Forms W-2 and 1099 61 65,577	. STATEMENT 9
	62	2009 estimated tax payments and amount applied from 2008 return 62	
	63	Making work pay and government retires credits. Attach Schedule M	
If you have		Earned income credit (EIC)	12개
a qualifying		Nontaxable combat pay election 64b	
child, attach Schadule EIC.			No. 1
	65	Additional child tax credit, Attach Form 8812	귀심. 원
	66	Refundable education credit from Form 8863, line 16	귀하게 .
	67	First-lime homebuyer credit. Attach Form 5405	-
	68	Amount paid with request for extension to file (see page 72)	
•	69	Excess social security and tier 1 RRYA lax withheld (see page 72)STMT8. 69 127	의 송우상
	70	Credits from Form: a 2439 b 4136 o 8801 d 8885 70	」 經濟
	71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71 65,704.
Refund	' 72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72
Direct deposit?	734	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here	73a
See page 73 and fill in 73b,	▶ 1	Routing Account Savings Account	
730, and 73d, or Form 8888,	74	Amount of line 72 you want applied to your 2010 estimated tax	
Amount		Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75 5,443.
You Owe	76		Company to the state of the sta
Third Par			
Designee			Personal Identification
			number (PIN) owindoe and belief, they are true, correct,
Sign	and	or penalties of partyry, I deplays that I have examined this return and accompanying schedules and statements, and to the best of my kn complets. Declaration of penalty other than taxpayer) is based op all information of which preparer has any knowledge.	Daytime phone number
Here Joint return?		Your ofgnature Vour occupation	Daytima phone numer
Sas page 15.		Out 1 July 4-12-10 VICE PRESIDENT	
Keep a copy for your	•	Spouse's appealup-if a joint clum, hoth post sign. Date Spouse's occupation	1. 作品的主义系统的特殊的特殊的。
		MM 1. Men 4.12.10 TEACHER	Line and the second
records.			
Paid	Prep	arer's Date / Chack if self-	Preparer's SSN or PTIN
Paid Preparer	S slon	afor's Walthelf III Date William Check if salf- employed	
Paid	S slorn	rename for GELMAN, ROSENBERG & FREEDMAN Check if salf- employed EIN EIN EIN	Preparer's SSN or PTIN
Paid Preparer Use Only	S slon Firm your	Servis attree GELMAN, ROSENBERG & FREEDMAN GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE. SUITE 650 NORTH Pho	Preparer's SSN or PTIN
Paid Preparer	S elgri Firm your ploy	afer's Date Check if self- employed Fin a name (or GELMAN, ROSENBERG & FREEDMAN FIN	Preparer's SSN or PTIN

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99 Name(s) shown on Form 1040

Itemized Deductions

➤ Attach to Form 1040. ➤ See Instructions for Schedule A (Form 1040).

2009
Altachment
Sequence No. 07

JOSEPH R BIDEN JR. & JILL T BIDEN 1.69 Medical Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (See page A-1.) and Dental Enter amount from Form 1040, line 38 _______2 Expenses Multiply line 2 by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-Taxes You State and local (check only one box): SEE STATEMENT 10 Paid 17,718 a X Income taxes, or General sales taxes (See Real estate taxes (See page A-5.) 13,320, page A-2.) New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b Other taxes, List type and amount 31,038. Add lines 5 through 8 30,349 Interest Home mortgage interest and points reported to you on Form 1098 10 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, You Paid (See identifying no., and address page A-6.) 11 Note. Personal 12 Points not reported to you on Form 1098 interest is Qualified mortgage insurance premiums (See page A-7.) 13 deductible. Investment Interest. Attach Form 4952 if required. (See page A-8.) 14 15 30,349. Add lines 10 through 14 3,920. Gifts to Gifts by cash or check SEE STATEMENT 11 16 Charity Other than by cash or check. If any gift of \$250 or more, see page A-8. 900 If you made a 17 You must attach Form 8283 if over \$500 gift and got a benefit for it, 18 Carryover from prior year 4,820. see page A-8 19 Add lines 16 through 18 Casualty and Theft Losses Casualty or theft loss(es), Attach Form 4684, (See page A-10.) Unreimbursed employee expenses - job travel, union dues, job education, etc. Job Expenses and Certain Attach Form 2106 or 2106-EZ if required, (See page A-10.) Miscellaneous **Deductions** 21 22 22 Tax preparation fees Other expenses - investment, safe deposit box, etc. List type and amount (See page A-10.) Add lines 21 through 23 Enter amount from Form 1040, line 38 ________25 Multiply line 25 by 2% (.02) 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-Other - from list on page A-11. List type and amount Miscellaneous **Deductions** 28 Total Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. 64,543 STMT 12▶ X Yes. Your deduction may be limited. See page A-11 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here LHA 919501 11-04-09 For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule A (Form 1040) 2009

SCHEDULE B

Name(s) shown on return

(Form 1040A or 1040)
Department of the Treasury Internal Revenue Service

► Attach to Form 1040A or 1040.

Interest and Ordinary Dividends

See instructions.

2009 Attachment Sequence No. 08

Your social security number

JOSEPH R BIDEN JR. & JILL T BIDEN 1 List name of payer, If any interest is from a seller-financed mortgage and the buyer used the **Amount** Interest property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address 43. NEW CASTLE COUNTY SCHOOL EFCU US SENATE FEDERAL CREDIT UNION 12. 99. WILMINGTON SAVINGS FUND 981. Note. If you WILMINGTON SAVINGS FUND received a Form 1099-INT. Form 1099-OID, 1 or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that Add the amounts on line 1 ,135. 2 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 1,135. Note. If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer Ordinary **Dividends** Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a Note. If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign No Yes Foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Accounts 7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing and requirements for Form TD F 90-22.1 **Trusts** b If "Yes," enter the name of the foreign country ▶ During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? X If "Yes," you may have to file Form 3520. See page B-2

SCHEDULE D (Form 1040)

Capital Gains and Losses

➤ Attach to Form 1040 or Form 1040NR. ➤ See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

Department of the Treasury Name(s) shown on return

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Attachment Sequence No. 12 Your social security number

JOSEPH R BIDEN JR. & JILL T BIDEN Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (8) Description of property (Example: 100 sh. XYZ Co.) (C) Date sold (Mo., day, yr.) (8) Cost or (f) Gain or (loss) Subtract (e) from (d) (d) Sales price acquired (Mo., day, yr.) 23 23. 2 SHS REVLON INC VARIOUS 12/29/09 Enter your short-term totals, if any, from Schedule D-1, line 2 Total short-term sales price amounts. 3 Add lines 1 and 2 in column (d) Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the Instructions 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)
Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year 23. (b) Date (1) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example: 100 sh. XYZ Co.) (C) Date sold (Mo., day, yr.) (8) Cost or (d) Sales price acquired (Mo., day, yr.) 9 Enter your long-term totals, if any, from Schedule D-1, line 9 9 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 Capital gain distributions Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the Instructions 14 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2

Schedule D (Form 1040) 2009

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

	ule D (Form 1040) 2009 JOSEPH R BIDEN JR. & JILL T BIDEN		
40	Outside Stage 7 and 15 and optor the regult	16	23.
16	Combine lines 7 and 15 and enter the result	1000	
	If line 16 is:		
	A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then		
	go to line 17 below.		
	A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR,		
	line 14. Then go to line 22.		
	III 14, THOU go to mit all	100 m	
17	Are lines 15 and 16 both gains?		,
• ,	Yes, Go to line 18.	\$1.00 m	
	X No. Skip lines 18 through 21, and go to line 22.	3/3/3	
	The state of the s		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the		
	Instructions	▶ 18	
		1000 A	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on	测器	
	page D-9 of the instructions	▶ 19	
20	Are lines 18 and 19 both zero or blank?		
	Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the	5300	
	Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form		
	1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.		
	No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the		•
	Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and		
	22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:	340 E	
		1999	,
	• The loss on line 16 or	21 () Dza zienowani zorazukan
	• (\$3,000), or if married filing separately, (\$1,500)		
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes, Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete		
	the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions		
	for Form 1040 (or in the Instructions for Form 1040NR).		
	X No. Complete the rest of Form 1040 or Form 1040NR.		

6251

Alternative Minimum Tax - Individuals

2009 Attachment

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

Your social security number Name(s) shown on Form 1040 or Form 1040NR JOSEPH R BIDEN JR. & JILL T BIDEN Part | Alternative Minimum Taxable Income 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8014, line 6), and go to line 2. Otherwise, 268,639. enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) ... 2 2 Medical and dental, Enter the smaller of Schedule A (Form 1040), line 4, Or 2.5% (.025) of Form 1040, line 38, if zero or less, enter -0- 31,038. 3 3 Taxes from Schedule A (Form 1040), lines 5, 6, and 8 4 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions ... 5 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 6 If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 -1,664. of the Itemized Deductions Worksheet on page A-11 of the instructions for Schedule A (Form 1040) 7 8 Tax refund from Form 1040, line 10 or line 21 8 Investment interest expense (difference between regular tax and AMT) 9 Depletion (difference between regular tax and AMT) 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 11 12 Alternative tax net operating loss deduction 13 Interest from specified private activity bonds exempt from the regular tax Qualified small business stock (7% of gain excluded under section 1202) 14 14 15 Exercise of incentive stock options (excess of AMT Income over regular tax income) 15 16 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 17 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 18 Disposition of property (difference between AMT and regular tax gain or loss) 18 19 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 19 20 Passive activities (difference between AMT and regular tax income or loss) 20 21 Loss limitations (difference between AMT and regular tax income or loss) 22 Circulation costs (difference between regular tax and AMT) 23 Long-term contracts (difference between AMT and regular tax income) 24 Mining costs (difference between regular tax and AMT) 25 Research and experimental costs (difference between regular tax and AMT) 26 26 Income from certain installment sales before January 1, 1987 27 27 Intangible drilling costs preference 28 Other adjustments, including income-based related adjustments 28 29 Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 298,013. 29 is more than \$216,900, see instructions.) Part II Alternative Minimum Tax (AMT) 30 Exemption. (If you were under age 24 at the end of 2009, see instructions.) THEN enter on line 30 ... AND line 29 is not over... IF your filing status is ... Single or head of household \$112,500 \$46,700 70.950 Married filing jointly or qualifying widow(er)...... 150,000 STMT 13 <u>33,947.</u> 30 35.475 75,000 If line 29 is over the amount shown above for your filing status, see instructions. 31 Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 264,066. 31 34 and 36 and skip the rest of Part II 32 • If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 70,438. 32 for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. All others: If line 31 is \$175,000 or less (\$87,500 or less if married filling separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filling separately) from the result. 33 Alternative minimum tax foreign tax credit (see instructions) 70,438. 34 Tentative minimum tax. Subtract line 33 from line 32 34 35 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47).

If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J

36 AMT, Subtract line 35 from line 34. If zero or less, enter -0 . Enter here and on Form 1040, line 45

9 1948 1 12-11-09 LHA For Paperwork Reduction Act Notice, see instructions. Form 6251 (2009)

38

64,609.

5,829.

7.7	JOSEPH R BIDEN JR. & JILL	T BIDEN		Page 2
	rt III Tax Computation Using Maximum Capital Gains Rate			
37 E	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ	, enter the amount from		
li	ine 3 of the worksheet in the instructions	\$ 	37	
	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax	1 1		
	Norksheet in the instructions for Form 1040, line 44, or the amount from			
	ine 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for			
S	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if			
П	necessary) (see the instructions). If you are filling Form 2555 or 2555-EZ,	·		
9	see instructions for the amount to enter	38		
39 E	inter the amount from Schedule D (Form 1040), line 19 (as refigured for the			
Ą	MT, if necessary) (see instructions). If you are filing Form 2555 or 2555 EZ,			
8	ee instructions for the amount to enter	39		
	you did not complete a Schedule D Tax Worksheet for the regular tax or the			
	MT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter			•
	he smaller of that result or the amount from line 10 of the Schedule D Tax			
V	Vorksheet (as refigured for the AMT, if necessary). If you are filing Form 2555			
0	r 2555-EZ, see instructions for the amount to enter	40		
41 6	inter the smaller of line 37 or line 40		41	······································
42 0	Subtract line 41 from line 37		42	·
4-3 11	line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply	line 42 by 26% (.26).		
++	otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married files received.	ing separately) from		
" 44 E	ne result		► 43 569/65	
	\$67,900 if married filing jointly or qualifying widow(er),	1 1		
	\$33,950 if single or married filling separately, or			
	\$45,500 if head of household.	44		
	nter the amount from line 7 of the Qualified Dividends and Capital Gain			
Ta	ax Worksheet in the instructions for Form 1040, line 44, or the amount from		11.01.T	
lir	ne 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for			
S	chedule D (Form 1040), whichever applies (as figured for the regular tax), if			
yc	ou did not complete either worksheet for the regular tax, enter 0.	45		•
•	· ·			
46 Si	ubtract line 45 from line 44. If zero or less, enter -0-	46		
47 Er	nter the smaller of line 37 or line 38	47		
48 Er	nter the smaller of line 46 or line 47	48		
19 St	Ubtract line 48 from line 47	49		
			act was	
50 M	ultiply line 49 by 15% (.15)		50	
161	ilne 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go			
	•	o to line 51.		
51 SL	ubtract line 47 from line 41	51		
2 M	ultiply line 51 by 25% (.25)	***************************************	▶ 52	
S AO	Id lines 43, 50, and 52	,	53	
A 16 (ino 97 io 4475 000 long /607-500			
#4 II # 	ine 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply lit	ne 37 by 26% (.26).		
the	herwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filir	ng separately) from		
UIE	e result	***************************************	54	
E Cn	tar the amplian of line 50 or line 54 have and an illege on it			
thi	ter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 255	ob or 2555-EZ, do not enter		
<u> </u>	s amount on line 32. Instead, enter it on line 4 of the worksheet in the instruction	18		0054
	•		Fo	rm 6251 (2009)

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971
2009
Attachment
Sequence No. 44

Department of the Treasury Internal Revenue Service (99) Name of employer

➤ See separate instructions.

	Attachment Sequence No. 44
al se	curity number

Soci

Employer identification number JOSEPH R BIDEN JR. & JILL T BIDEN Did you pay any one household employee cash wages of \$1,700 or more in 2009? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer this question.) X Yes. Skip lines B and C and go to line 1. No. Go to line B. Did you withhold federal income tax during 2009 for any household employee? Yes. Skip line C and go to line 5. No. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.) Stop. Do not file this schedule. No. Skip lines 1.9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2009 do not have to complete this form for 2009.) Part I Social Security, Medicare, and Federal Income Taxes Total cash wages subject to social security taxes (see page H-4) 546. Social security taxes, Multiply line 1 by 12.4% (.124) Total cash wages subject to Medicare taxes (see page H-4) 128. Medicare taxes. Multiply line 3 by 2.9% (.029) Federal income tax withheld, if any 674. Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5 Advance earned Income credit (EIC) payments, if any 674. Net taxes (subtract line 7 from line 6) Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 8 above on Form 1040, line 59, and check box b on that line. If you are not required to file Form 1040, see the line 9 instructions on page H-4. X Yes. Go to line 10 on page 2.

For Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the instructions.

LHA

Schedule H (Form 1040) 2009

Schedule H	Federal Unemploy	R BIDEN J	R. &	JILL	T BID	en					_	Page 2
346.44	Tederal Onemploy	ment (FOTA)	ах		 		•				Yes	No
10 Did y	ou pay unemployment contr	ibutions to only on	a stata? /	if you naid	contribution	ne to Michigan	check *No *)		Г	10	X	140
11 Dld y	ou pay all state unemployme	ent contributions fo	r 2009 by	/ April 15.	20107 Fisca	l vear filers, se	e page H-5		······	11	X	
12 Were	all wages that are taxable fo	or FUTA tax also ta	xable for y	your state	s unemploy	ment tex?				12	Х	
Next If y	ou checked the "Yes" box o	on all the lines above	ve. compl	ete Sectio	n A.			,,,,,,,,,,,				
if y	ou checked the "No" box or	n any of the lines a	bove, skip			ete Section B.						
	***			Section		P		150220	.,			
13 Nam	of the state where you paid	unemployment co	ontribution	18a	<u>}</u>	DE						
IA SIBIU	reporting number as shown	on state unemploy	yment tax	return	. 7							
15 Confi	ributions paid to your state u	mampleument find	! /aaa mm	115	1	1	. 19			•		
16 Total	cash wages subject to FUTA	atav (ega noda U.S	:/ : (see baß	le H.⊃) ''''	L	15	13.		ů.		1,4	۸۸
	wages sabject to 1 G 17	J ten food hade Li-o	7	************	**************			16	 		. 4	<u> </u>
17 FUTA	tax. Multiply line 16 by .008	3. Enter the result h	ere skin :	Section B	and an to II	ne 26	•	17				35,
		•	•	Section	ı B	110 40	· · · · · · · · · · · · · · · · · · ·	1	<u> </u>			, , ,
18 Comp	olete all columns below that i	apply (if you need r	nore spac	78, 888 pag	ge H·5):							
(a) Name	(b)	(0)		d) erience rate	(e)	(1)	(g)		(h)	T	(1)	
of elate	State reporting number as shown on state unamployment tax	Taxable wages (as defined in state soi)	State expe	riod	State	Mulliply col. (c) by .054	Multiply col. (by col. (e)	0)	Subtract col. (g from col. (f). If zero or less,	'l r	ontribu	tete
- SIALO	return		From	То	rate				if zero or less, enter -0	W.	employ fund	ment
		1 .					İ	-				
						<u> </u>	_			4_		
j						i						
					L	L	1	\dashv		┿		
9 Totals								19				
O Add c	olumns (h) and (i) of line 19		**********	**********		20			1			
1 Total	cash wages subject to FUTA	tax (see the line 1	6 instructi	ions on pa	ge H·5)		•	21				
2 Multip	oly line 21 by 6.2% (,062),	*************						22	1			
3 Multip	lly line 21 by 5.4% (.054)		.,		L	23			·			
4 Enter	the smaller of line 20 or line	23 .										
(Michi	gan employers must use the	worksheet in the s	separate ir	nstruction	and check	here)		24				
5 FUTA	tax. Subtract line 24 from Ilr Total Household Er	e 22. Enter the res	ult here a	ind go to li	ne 26			25				
									r :			
7 Add III	the amount from line 8. If you	u checked the "Yes	3" box on	line C of p	age 1, enter	··0·		28				4.
B Are vo	ne 17 (or line 25) and line 26 ou required to file Form 1040	o (aea ha8a ⊔-o) ''''	······································	****	**************	***************************************		27	l		_/\	9.
	es. Stop. Include the amoun		a on Form	n 1040 lin	o EO and at	nak bay ban	that line De ne		oloto			
	Part IV below,			11 10-10, 1111	o os, and ci	IBCK DOX D OII	mar into. DO NO	LOUIN	JIG CO			
□ No	. You may have to comple	ete Part IV. See pag	e H-5 for	detalls.			•				·	
RemilV	Address and Signat	Ure - Complete ti	hie nert o	nly if requi	red. See the	line 28 Instruc	ctions on page F	ł-5.				
dress (num	ber and street) or P.O. box if mail is no	ot delivered to street addr	7688					Apt., n	om, or suite no),		
he foun or i	post office, state, and ZIP code											
iy, iowii ur j	DOST DINGS, STRIE, BAG ZIP CODE								-			
rier noneltie	to of northwest dealers that there	-ttt										
yment made	is of parjury, I declare that I have exame to a state unemployment fund claims r has any knowledge.	nned this schedule, inclu ed as a credit was, or is to	ding accomp o be, deducte	sanying staten ed from the pa	nents, and to the syments to empl	s best of my knowle loyees. Declaration	idge and bellef, it is to of preparer (other tha	rue, com n taxpay	ect, and compl (er) is based on	ete, No ali inf	o part o ormatio	fany n of
ike ihahara	r nas eny knowledge,	,						. ,	•			
Employe	r's signature											
1.	Preparer's				1= :	Date				<u> </u>	· · ·	
aid	signature				Date		Check if		Preparer's	SSN	or P1	IN
repare	r's Firm's name (or	· · · · · · · · · · · · · · · · · · ·		·····			self-employed	EIN		<u> </u>	- 	
se Oni									ne no.			
	address, and ZIP code				·			՝ ''՝				
								Scher	dula H (For	m 10	MU) a	009

910352 11-24-09

Form **8283** (Rev. December 2008)

Department of the Treasury

Noncash Charitable Contributions

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► See separate instructions.

OMB. No. 1545-0908

Sequence No. 155

Identifying number

Name(s) shown on your income tax return

JOSEPH R BIDEN JR. & JILL T BIDEN

Note.	Figure the amount of	your contributio	n deduction beti	ore completing	this form.	See vour	tax return i	instructions.	

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part	Information on De	onated Property - If	you need more space, a	ttach a statement.						
1	***************************************	(a) Name and a		· · · · · · · · · · · · · · · · · · ·	(b) (For a donated vehicle	Description of the year, and attach Form 10	donated promake, model,	operty condition, red.)	and mil	leage,
A			E & DELAWAI	RE COUNTY ON, DE 1980:						
В	GOODWILL C	F DELAWAR	E & DELAWAI		CLOTHING,	SHOES	, DIS	HES,		
С										
D									,	
E										
Note. if		d as a deduction for	an Item is \$500 or less, y	you do not have to compl		and (f).				
	(c) Date of the contribution	(d) Date acquired by denor (mo., yr.)	(e)How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method	used to dete market valu	rmine the i	fair	
A	05/26/09	VAR.	PURCHASE			THRIFT	SHOP			
В	12/21/09	VAR.	PURCHASE		700.	THRIFT	SHOP	VAL	UE	
C										
D										
E										
Pärt	lines 3a through 3	c if conditions were	placed on a contribution	2a through 2e if you gav listed in Part I; also attac	h the required statem			in Part I	. Comp	lete
2 a			· · · ·	gave less than an entire i	interest >	*****	 •		•	
			, attach a separate staten						•	
b	Total amount claimed	as a deduction for th	e property listed in Part I	, ,	<u> </u>		•			
				(2) For any prior tax ye			···········			
C			which any such contribu	tion was made in a prior y	year (complete only if	different from t	the			
	donee organization abo								<u> </u>	
	Name of charitable organiza	ation (donee)								
	Address (number, street, ar	nd room or suite no.)					•			
	City or town, state, and ZIP	\								
	City or town, state, and ZIP	code								
د	Eastenable	nator the place where	the negroup to be and the							
đ		•	the property is located							
е	name of any person, o	ther than the donee	organization, naving actu	ial possession of the prop	nerty -	*		₁	Yes	No
3 a	Is there a restriction, ei	ther temporary or ne	ermanent on the donee's	s right to use or dispose o	of the donated proper	h/7		1	100	NO
	·		•	er organization participati	, ,	9'	*******		以	
		-	•	or organization participation is come from the donated i				Ì		幽觀
	•	•	**	d securities, to acquire th					調腳	
	· ·			u securites, to acquire th					翻翻	
	to acquire?	•	•	•	. •			ľ	41588A	ASSESSED FOR
			operty for a particular us	e?						
		- A-A M-A'					<u></u>		40	0000

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8283 (Rev. 12-2006)

919931 04-24-09

FORM 1040 PENSIONS	AND ANNUITIES		STATEMENT	1
OFFICE OF PENSIONS				
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION REPORTED ON	SCH D	31,995. 169.		
•			31,82	26.
TOTAL INCLUDED IN FORM 1040, LINE 16B			31,8	26.

FORM	1 1040 SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT 2
CHEC	CK ONLY ONE BOX:	
Α.	SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)	
ΧВ.	MARRIED FILING JOINTLY	
C.	MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE	
D	AT ANY TIME DURING 2009	
, ע	MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2009	
1.	ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR	
	FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON	
	FORM 1040, LINE 20A	27,923.
	IF YOU CHECKED BOX B: TAXPAYER AMOUNT 27,923.	
2	SPOUSE AMOUNT	12 000
3.	ENTER ONE HALF OF LINE 1	13,962.
•	15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT	•
	INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	309,447.
4.	ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED	
	INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,	
	OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF	
5.	PUERTO RICO THAT YOU CLAIMED	323,409.
6.	ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32,	323,403.
	AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED	
	LINE NEXT TO LINE 36	0.
7.	SUBTRACT LINE 6 FROM LINE 5	323,409.
8.	ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR	
	\$32,000 IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C	32,000.
9.	IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?	52,000.
	[] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE	
	TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE	
	MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR	
	SPOUSE FOR ALL OF 2009, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A.	
	[X] YES. SUBTRACT LINE 8 FROM LINE 7	291,409.
0.	ENTER \$9,000 IF YOU CHECKED BOX A OR D,	251,405.
	\$12,000 IF YOU CHECKED BOX B	
_	\$-0- IF YOU CHECKED BOX C	12,000.
1.	SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0	279,409.
2.	ENTER THE SMALLER OF LINE 9 OR LINE 10	12,000.
	ENTER ONE HALF OF LINE 12	6,000. 6,000.
	MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	237,498.
6.	ADD LINES 14 AND 15	243,498.
.7.	MULTIPLY LINE 1 BY 85% (.85)	23,735.
8 .	TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	23,735.
	* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	<u> </u>

FORM 1040 STATE AND	LOCAL INCOME TAX	REFUNDS	STATEMENT 3
	2008	2007	2006
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	DELAWARE 631. 31.		
NET TAX REFUNDS DELAWARE	600.		
TOTAL NET TAX REFUNDS	600.		

FOR	M 1040 PERSONAL EXEMPTION WORKSHEET	STATEMENT 4
1.	IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT S BELOW FOR YOUR FILING STATUS? NO. STOP. MULTIPLY \$3,650 BY THE TOTAL NUMBER OF EXEMPTION ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42	S CLAIMED
2.	YES. CONTINUE	
3. 4.	MULTIPLY \$3,650 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D	7,300.
	MARRIED FILING JOINTLY OR WIDOW(ER) \$250,200 MARRIED FILING SEPARATELY \$125,100 HEAD OF HOUSEHOLD \$208,500	
5. 6.	SUBTRACT LINE 4 FROM LINE 3 82.982	•
•	IS LINE 5 MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY)? [] YES. MULTIPLY \$2,433 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D. ENTER THE RESULT HERE AND ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET.	
	[X] NO. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT WHOLE NUMBER (FOR EXAMPLE, INCREASE	
7.	0.0004 TO 1)	
8.	AS A DECIMAL	0.68
9.	DIVIDE LINE 8 BY 3	4,964. 1,655.
10.	SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.	5,645.

r Oriv	1 1040	TAXABLE STATE AND	LOCAL INCOME	TAX REFUNDS	STATEMENT	5
			2008	2007	2006	
		FROM STATE AND X REFUNDS STMT.	600.			
LESS		BENEFIT DUE TO AMT BENEFIT REDUCTION	600.			
1	NET REFUNDS	FOR RECALCULATION				
2 3 4	BEFORE PHAS	T SUBJ TO PHASEOUT	62,710.			
5 6 7 8	MULT LN 5 BY PRIOR YEAR A	LINES 3 AND 4 APPL SEC. 68 PCT GI HASEOUT THRESHOLD	62,710. 16,723. 269,256. 159,950.			
9	(IF ZERO OR 1		109,306.			-
10 11 12	MULT LN 9 BY ALLOWABLE IT (LINE 5 LESS LINE 6 OR L	LINE 1 ON LINE 16) APPL SEC. 68 PCT EMIZED DEDUCTIONS THE LESSER OF INE 10) I SUBJ TO PHASEOUT	1,093. 61,617.			
	PRIOR YR. ST	TEMIZED DEDUCTIONS D. DED. AVAILABLE LOWABLE ITEM. DED.	61,617. 12,950. 61,617.			,
15 16		GREATER OF LINE 13B FROM LINE 14 NDS				
17 18	ALLOWABLE PR	INE 15 OR LINE 1) IOR YR. ITEM. DED. ID. DED. AVAILABLE	61,617. 12,950.			
19 20 21	LESSER OF LI	E 18 FROM LINE 17 NE 16 OR LINE 19 AXABLE INCOME	48,667.			
22	AMOUNT TO IN	CLUDE ON FORM 1040, IS -0- OR MORE, USE IS A NEGATIVE AMOUN	LINE 10 E AMOUNT FROM	LINE 20 20 AND 21		0.
	STATE AND LO	CAL INCOME TAX REFU	NDS PRIOR TO 2	006		
	TOTAL TO FOR	M 1040, LINE 10		.*		0.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT

AMOUNT SUBTRACTED STATE REFUND FROM TAXABLE REFUND 2008 DELAWARE

580. STATE TAX PAID IN FOLLOW YEAR

11,795. TOTAL STATE TAX PAID 2008

31. 631. **=**

FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATE	MENT 7
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T UNITED STATES SENATE T WIDENER UNIV S STATE OF DELAWARE	218,274: 2,050: 13,653:	48,345. 141. 2,598.	15,255. 68. 701.		6,622. 127. 864.	30.
S NORTHERN VIRGINIA COMMUNITY COLLEGE	42,486.	5,169.			2,635	616.
TOTALS	276,463.	56,253.	16,024.		10248	4,013.

FORM 1040 EXCESS SOCIAL SECURITY TAX WORKSHEI	ET STA	ATEMENT	8
	TAXPAYER	SPOUSE	
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$6,621.60 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	6,749.	3,499	9.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 60			
3. ADD LINES 1 AND 2	6,749.	3,499	9.
4. SOCIAL SECURITY TAX LIMIT	6,622.	6,622	2.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 69	127.	. (0.
FORM 1040 FEDERAL INCOME TAX WITHHELD	ST	ATEMENT	9
r s description		AMOUNT	
UNITED STATES SENATE I UNITED STATES SENATE I WIDENER UNIV S STATE OF DELAWARE S NORTHERN VIRGINIA COMMUNITY COLLEGE S OFFICE OF PENSIONS I WITHHOLDING FROM FORM 1099-SSA		48,34 14: 2,59: 5,16: 2,34: 6,98:	1. 8. 9.
FOTAL TO FORM 1040, LINE 61		65,57	7.
SCHEDULE A STATE AND LOCAL INCOME TAXES	ST	ATEMENT	10
DESCRIPTION		AMOUNT	,
OFFICE OF PENSIONS UNITED STATES SENATE WIDENER UNIV STATE OF DELAWARE DELAWARE PRIOR YEAR ESTIMATE PAYMENTS - TAXPAYER DELAWARE PRIOR YEAR ESTIMATE PAYMENTS - SPOUSE REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS		1,14 15,25 6 70 29 29	5. 8. 1. 0.

SCHEDULE A	CASH CONTRIBUTIONS		STATEMENT	11
DESCRIPTION		AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
NATIONAL GUARD SUMMER CAMP WESTMINSTER PRESBYTERIAN BRAIN TUMOR ASSOCIATION U OF PENN WELLNESS COMMUNITY BIDEN BREAST HEALTH INITIAT: GREATER PHILA CULTURAL ALLIX ALS ASSOCIATION OF GREATER I KELLY-HEINZ GRUDNER BRAIN TO JEWISH FEDERATION OF DELAWAY ST. FRANCIS FOUNDATION CLINTON/BUSH HAITI RELIEF PARTNERS IN HEALTH HAITI RES	ANCE PHILADELPHIA UMOR FOUNDATION RE	500. 340. 300. 300. 100. 300. 300. 100. 140. 500. 40.		
SUBTOTALS		3,920.		1
TOTAL TO SCHEDULE A, LINE 1	· 6	•	3,9	20.

SCHEDULE A ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 12
1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 9, 15, 19, 20, 27, AND 28	4, 66,207.
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT	
LOSSES INCLUDED ON LINE 28	1?
FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1	2,966.
6. ENTER: \$166,800 (\$83,400 IF MARRIED FILING	6,800.
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29.	
IF YES, SUBTRACT LINE 6 FROM LINE 5	4,991. 4,991. 3,327.
12. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	E 1. 64,543.

FOI	RM 6251	EXEMPTION WORKSHEET	STATEMENT	13
1	MARRIED FILING	SINGLE OR HEAD OF HOUSEHOLD; \$70,950 IF OUNTLY OR QUALIFYING WIDOW(ER); \$35,475 IG SEPARATELY	70,9	50
2	ENTER YOUR ALTERNA	TIVE MINIMUM TAXABLE INCOME	70,5	J 0 •
3	ENTER: \$112,500 IF \$150,000 IF MARE	JUNE 29		
4	FILING SEPARATEI	Y		
-35	ENTER -0			
5 6	SUBTRACT LINE 5 FF ANY OF THE THREE AGE 24 APPLY TO OTHERWISE, STOP	25% (.25)	37,0	
	LINE 30, AND GO	TO FORM 6251, LINE 31	33,9	47.
7 8 9	MINIMUM EXEMPTION ENTER YOUR EARNED ADD LINES 7 AND 8	AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24 INCOME, IF ANY		y•
10	ENTER THE SMALLER LINE 30, AND GO	OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, TO FORM 6251, LINE 31		

2009 R DELAWARE INDIVIDUAL RESIDE	NI			
FORM 200-01				
or Fiscal year beginning and ending				
Your Social Security No. Spouse's Social Security No.				
Your Last Name, First Name and Middle Initial Jr., Sr., Ill.,	etc.			
毕				
BIDEN JOSEPH R JF Spouse's Last Name, Spouse's First Name Jr., Sr., III.,				
S BIDEN JILL T				
フェレビN フェロコ 1 ス Present Home Address (Number and Street) Apt. #				
4				
City, State, ZIP Code				
WILMINGTON, DE				
FILING STATUS (MUST-CHECK ONE)	F DF0040	H you w	ere a part-year resident in 2009,	give the dates you resided in Delaware.
1. Single, Divorced, Married & Filing Head of Widow(er) 3. Separate Forms 5. Head of Household	Form DE2210 Attached	From	2009	1 1
Married & Filing Combined		From	Month Day	Month Day
2. Joint 4. Separate on this form Column A is for Spouse information, Filing Status 4 only. All other filing statu	eas usa Column R	<u></u>	Column A	Column B
		1	87.11	1. 220,324.
DELAWARE ADJUSTED GROSS INCOME, Enter amount from Page 2, Lin 2a. If you elect the DELAWARE STANDARD DEDUCTION check here	8 41	!	0/,11.	1.1 220,324.
Filing Status 2 Enter \$3250 in Column B Filing Status 4 Enter \$3256 Filing Status 2 Enter \$4500 in Column B	in Column A and In Column B			
	$\overline{\mathbf{x}}$			
If you elect the DELAWARE ITEMIZED DEDUCTIONS check here b. Filing Statuses 1, 2, 9 and 5, enter itemized Deductions from Page 2, Line 47 in Column and A and B	LAL .	. 2	24,298	8. 22,972.
			44,430	3. 22,312.
3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions and Check Box(ES) Column A - If SPOUSE was	Column B - If YOU were			
	paramag paramag		·	
65 or over Blind Multiply the number of baxes checked above by \$2500. If you are filing a combined sep (Filing status 4) enter the total for each appropriate column. All others enter total in Colu	avate return	. 3		
A TOTAL DEPUISION ACTAL CO. O. I. I. I.		. <u> </u>	24,298	8. 22,972.
	Amount	. 5	62,813	
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Column A	Column B	 3	04,01.	2.1 127,354.
6. Tax Liability from Tax Rate Table/Schedule 3 , 111		6		•
7. Tax on Lump Sum Distribution (Form 329)		7		
8. TOTAL TAX - Add Lines 6 and 7 and enter here		8	3,111	1. 11,116.
PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Sta				
9a. Enter number of exemptions claimed on Federal return 2 x \$110			11(
	lumn B 1	. <i>Ja</i>		<u> </u>
9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or ov	er (Column B)			
		9b		110.
10. Tax imposed by State of			1,47	
11. Vol. Firefighter Co. # - Spouse (Column A) Self (Column B)	Enter credit amount	•		
12. Other Non-Refundable Credits (see instructions)	_ , cond order another			
₹ 13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit)				
14. Earned Income Tax Credit. See instructions on Page 8 for ALL required		14		
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and e		15	1,58	7. 220.
16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, 6			1,524	
17. Delaware Tax Withheld (Attach W2s/1099s) 1,846				
18. 2009 Estimated Tax Paid & Payments with Extensions	25/0201	18		
19. S Corporation Payments Form 1100S/A-1 Required		19		
00 7074 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20	1,846	6. 15,323.
21. BALANCE DUE. If Line 16 is greater than Line 20, subtract 20 from 16 and		21		
		22	322	2. 4,427.
23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complet			23	
24. AMOUNT OF LINE 22 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT				
25. PENALTIES AND INTEREST DUE, If Line 21 is greater than \$400, see estim			ENTER ▶ 25	
Ο 26. NET BALANCE DUE (For Filing States 4, see instructions, Page 9) For all other filing statuses, enter Line 21 pli				
22. OVERPAYMENT. If Line 20 is greater than Line 16, subtract 16 from 20 an 23. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complet 24. AMOUNT OF LINE 22 TO BE APPLIED TO 2010 ESTIMATED TAX ACCOUNT 25. PENALTIES AND INTEREST DUE. If Line 21 is greater than \$400, see estim 26. NET BALANCE DUE (FOR Filing Status 4, see instructions, Page 9) 27. NET REFUND (For Filing Status 4, see instructions, Page 9) For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22				4,749.
For all other filing statuses, subtract Lines 23, 24 and 25 from Line 22				

2009 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME SECTION A - ADDITIONS (+)	Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
•		
28. Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4	89,111	. 244,071.
29. Interest on State & Local obligations other than Delaware	n	
30. Fiduciary adjustment, oil depletion 30	0	-
31. TOTAL - Add Lines 29 and 30		
32. Subtotal. Add Lines 28 and 31 89,111. 244,071. 32 SECTION B - SUBTRACTIONS (-)	2	
20 Internal resolution III C. Obligati	, [
34. Pension/Retirement Exclusions (For a definition of eligible income, see instructions)		. 12.
35. Delaware State tax refund, Delaware Lottery, fiduciary adjustment, work opportunity tax credit,	. 2,000	
Travelink Program, Delaware NOL Carry forward please see instructions	5	
36. Taxable Soc Sec/RR Retirement Renefits/Higher Educ Evol/Certain Lump Sum Diet (See Instr.) #36		23,735.
37. SUBTOTAL, Add Lines 33, 34, 35 and 36 and enter here * STMT 2 37		
38. Subtotal, Subtract Line 37 from Line 32 87, 111.1 220, 324.1 38		
39. Exclusion for certain persons 60 and over or disabled (See Instructions))	
40. TOTAL - Add Lines 37 and 39	2,000	
41. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 40 from Line 32. Enter here and on Page 1, Line 1 41	87,111	. 220,324.
SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used a unable to specifically allocate deductions between spouses, you must prorate in accordance with income.	nd you are	
42. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 29 STMT 3 42	26,366	. 38,177.
43. Enter Foreign Taxes Paid (See instructions) 45		9 30,47,8
44. Enter Charitable Mileage Deduction (See Instructions) 44	1	
45. SUBTOTAL Add Lines 42, 43, and 44 and enter here		. 38,177.
46a. Enter State Income Tax included in Line 42 above (See Instructions) 46a	2,068	
46b. Enter Form 700 Tax Credit Adjustment (See Instructions) 46b)	
47. TOTAL - Subtract Line 46a and 46b from Line 45. Enter here and on Page 1, Line 2 (See instructions) 47	24,298	. 22,972.
SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.		
·		OF DEATH
a. Routing Number b. Type: Checking Savings c. Account Number	Column A SPOUSE	Column B TAXPAYER
d. to this refund going to or through an account that is located outside of the United States? Yes No	/ /	/ /
Note: If your refund is gould by \$100,00 or more, a paper check will be leasted and mailed to the address on your return		Month Day Year
BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A CORVE	OP VOLID BECORDS	
Under penalties of perjury, I declare that have examined this return, including accompanying schedules and sta	tements, and believe it is	true, correct and complete.
Your Signature preparer (Selen / Date 4.1210 Signature of Paid Preparer	Ad A Idl - ch	Date
Spouse's Signature or stuff beigt or combined return) Date Address-ZIP CodeGELMA	N DOCEMBER	G & FREEDMAN
1 14/17/ 16/1// 1/ 17/14/15		3 & FREEDMAN ND 20814-2930
Home Phone Business Phone Business Phone		EIN, SSN OR PTIN
E-Mall Address E-Mall Address		
If a 2D barcode (black and white box) appears in the upper right hand corner of page 1 of this form, send the ret MAKE CHECKS PAYABLE AND MAIL TO: MAIL REFUND DUE RETURNS TO: MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8710; WILMI DELAWARE DIVISION OF REVENUE, P.O. BOX 8711; WILMI If a 2D barcode (black and white box) DOES NOT appear in the upper right hand corner of page 1 of this form, se MAKE CHECKS PAYABLE AND MAIL TO: MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8608, WILMI MAIL REFUND DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8765, WILMI MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8761, WILMI MELAWARE DIVISION OF REVENUE, P.O. BOX 8761, WILMI	INGTON, DELAWARE 198 INGTON, DELAWARE 198 INGTON, DELAWARE 198 and the return to one of th	99-8753 99-8710 99-8711 9 following addresses:
MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMI	NGTON, DELAWARE 198	99-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

942011
11-19-09 (Rev 10/21/09) (VENDOR ID # 1019)



2009 DELAWARE RESIDENT SCHEDULES

See SCHEDULE - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE See the Instructions and complete the worksheet on Page 7 prior to completing DE Schedule I. Enter the credit in HiGHEST to LOWEST amount order. 1. Tax imposed by State of VA. (enter 2 character state name) 2 2. Tax imposed by State of (enter 2 character state name) 2 3. Tax imposed by State of (enter 2 character state name) 3 4. Tax imposed by State of (enter 2 character state name) 4 5. Tax imposed by State of (enter 2 character state name) 5 6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return 6 6. Enter the total here and on EZ Return (s) with your Delaware tax return 6 7. Child's Name (First and Last Name) 7 8. Child's SSN. 8 9. Child's SSN. 8 9. Child's SSN. 8 10. Delaware State income Tax from Line 8 (enter higher tax amount from Column A or 8) 11 11. Federal earned income credit from Federal Form 1040, Line 84a; Porm 1040, Line 41a; Form 1040 EZ, Line 9a 11 12. Delaware State income credit from Federal Form 1040, Line 84a; Porm 1040, Line 41a; Form 1040 EZ, Line 9a 11 13. Multiply Line 11 by Line 1 pt Line 10 14. Bee the instructions on Page 8 for ALL required documentation to attach. DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS See Page 13 for a description of each worthwhile fund listed below. 15. A. Non-dams Wildlite 8 B. Us. Colympice G. B. Disches Reu. L. Ondas Serv Part Part Pages Canado Reur Part Page 1 B. Us. Colympice G. B. Disches Reur. Line 19 C. Resident Return, Line 23 L. Disches Fund J. J. Juy, Disches Fund J. Juy Pages J. Juy Juy Juy Juy Juy	Name(s): <u>JOSEPH R BII</u> COLUMNS: Column A is res individual. See	served for the spor				deral tota	als to the appropriate
1. Tax imposed by State of VA (enter 2 character state name) 2 2. Tax imposed by State of (enter 2 character state name) 2 3. Tax imposed by State of (enter 2 character state name) 3 4. Tax imposed by State of (enter 2 character state name) 4 5. Tax imposed by State of (enter 2 character state name) 5 6. Enter the total here and on EZ Return, Line 10 or Resident Return, Line 10. You must attach a copy of the other state return(s) with your Delaware tax return 6 7. Childra Name (First and Last Name) 7 8. Childra Name (First and Last Name) 7 8. Childra SSN, 8 9. Childra Year of Birth, 9 10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) 10 11. Fedoral earned income credit from Federal Form 1040, Line 84a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a 11 12. Delaware ETIC Percentage (20%) 12 13. Multiply Line 11 by Line 12 14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14 See the Instructions on Page 8 for ALL required documentation to attach. DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS See Page 13 for a description of each worthwhile fund listed below. 15. A. Non-Game Wildling 11 B. U.S. Diympics G. Diabetes Educ. L. Ordina Cheter Fund Line 23 B. C. Emegorey Housing D. Children's Tune 1 B. C. Emegorey Housing D. C. Emegorey Housing D. C. Emegorey Housing D. C.	<u>DE SCHEDULE I</u> - CREDIT FOR	INCOME TAXES	PAID TO ANOTHER STAT	ΓΕ	Spouse Inform	nation	All other filings statuses You or You plus Spouse COLUMN B
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5. Tax imposed by State of					·		
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attach a copy of the other state return(s) with your Delaware tax return 6 1,477. DESCHEDULE II - EARNED INCOME TAX CREDIT (EITC) Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return. Usualifying Child Information 7. Child's Name (First and Last Name) 7 8. Child's SSN 8 9. Child's SSN 8 9. Child's Year of Birth 9 9 10. 10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) 10 11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a 11 12 2.0 Delaware EITO Percentage (20%) 12 2.0 13. Multiply Line 11 by Line 12 13 14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14 14 14 14 14 14 14 14 14 14 14 14 14		_		*******) [<u> </u>
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Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return. CHILD 1 CHILD 2 CHILD 3 7. Child's Name (First and Last Name) 7 8. Child's SSN 8 9. Child's SSN 8 9. Child's Year of Birth 9 10. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) 10 11. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 41a; Form 1040 EZ, Line 9a 11 12. Delaware EITC Percentage (20%) 12 2.20 3. Multiply Line 11 by Line 12. 13 14. Enter the Smaller of Line 10 or Line 13 above. Enter here and on EZ Return, Line 11 or Resident Return, Line 14 See the Instructions on Page 8 for ALL required documentation to attach. DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS See Page 13 for a description of each worthwhile fund listed below. 15. A. Non-Game Wildlife F. Cryan Donations G. Diabstes Educ. L. Drafa Garet Fard D. Children's Trust D. Discome Falso J. July, Diabstes Fund Enter the total Contribution amount here and on EZ Return, Line 19 or Resident Return, Line 23 15	SE COLUED II E E EADNED IN	2011F TAY 00FD	It man				
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or Resident Return, Line 2315			-				
or Resident Return, Line 2315							•
			•				
	or Resident Return, Line 23	***************************************				15	
	+ . *	٠.٠	•				
This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.	This was hallow to	! !!	D-1	. 16			

(Rev 11/24/09)

942012 11-24-09

DE 200-01 CREDIT FOR TAX IMPOSED BY OTHE	ER STATE	STATEMENT	1
STATE OF VIRGINIA, SPOUSE			
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1) //IRGINIA ADJUSTED GROSS INCOME DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1) !AX IMPOSED BY STATE OF VIRGINIA 'PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY = 42,486. / 87,111. 'PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE = 3,111. X .487723 MOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED FOR TAX	SE FACTOR	87,1 42,4 3,1 1,4 .487	86. 11. 77. 723
MOUNT OF CREDIT, STATE OF VIRGINIA		1,4	77.
COTAL TO FORM 200-01, PAGE 1, LINE 10		1,4	77.
DE 200-01 SOC SEC/RR RETIREMENT/HIGHER EDUC EXCL/I	LUMP SUM DIST	STATEMENT	2
ESCRIPTION	SPOUSE	TAXPAYER OR JOINT	
SOCIAL SECURITY BENEFITS	0.	23,7	35.
TOTAL TO FORM DE 200-01, PAGE 2, LINE 36	0.	23,7	35.

DE 200-01	DELAWARE ITEMIZED DEI	OUCTION WORKSHI	eet st <i>i</i>	ATEMENT 3
		SPOUSE	TAXPAYER	TOTAL
B. TOTAL TAXES, C. INTEREST PAIR D. CONTRIBUTIONS E. CASUALTY & TO F. MISCELLANEOUS	NSES, SCHEDULE A, LINE 4 SCHEDULE A, LINE 9 D, SCHEDULE A, LINE 15 S, SCHEDULE A, LINE 19 HEFT, SCHEDULE A, LN 20 S, SCHEDULE A, LINE 27 SCHEDULE A, LINE 28	8,781.15,174.2,860.		31,038. 30,349. 4,820.
1. TOTAL ITEMIZ	ED DEDUCTIONS	. 26,815.	39,392.	66,207.
 ENTER AMOUNT LIMITED ITEM: DISSALLOWED. 	FROM 1040, LN 38 IZED DEDUCTIONS	. 89,111. . 449.	244,071. 1,215.	333,182. 1,664.
4. TOTAL ITEMIZE LINE 3 FROM I	ED DEDUCTION. SUBTRACT LINE 1	26,366.	38,177.	64,543.
OTAL TO FORM 200-	01, PAGE 2, LINE 42	26,366.	38,177.	

FOR DELAWARE PURPOSES

Itemized Deductions

(Form 1040)
Department of the Treasury Internal Revenue Service (99)
Name(s) shown on Form 1040

SCHEDULE A

Attach to Form 1040.

➤ See Instructions for Schedule A (Form 1040).

2009 Attachment Sequence No. 07

Your social security number

JOSEPH R BIDEN JR. & JILL T BIDEN Caution. Do not include expenses reimbursed or paid by others. Medical and Medical and dental expenses (See page A-1.) **Dental** 1 Enter amount from Form 1040, line 38 ________2 Expenses Multiply line 2 by 7.5% (.075) Subtract line 3 from line 1, If line 3 is more than line 1, enter -0-... Taxes You State and local (check only one box): 17,718. Paid 5 a X Income taxes, or General sales taxes (See 13,320 6 Real estate taxes (See page A-5.) 6 page A-2.) New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b 捌 Other taxes. List type and amount 31,038. 9 30,349. 10 Home mortgage interest and points reported to you on Form 1098 Interest Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, You Paid (See identifying no., and address page A-6.) 11 Note. Personal 12 Points not reported to you on Form 1098 12 interest is 13 Qualified mortgage insurance premiums (See page A-7.) 13 deductible. 14 Investment interest, Attach Form 4952 if required, (See page A-8.) 14 30,349. Add lines 10 through 14. 3,920 16 Gifts to Glifts by cash or check Charity Other than by cash or check. If any gift of \$250 or more, see page A-8. 900 If you made a gift and got a benefit for it, 17 You must attach Form 8283 if over \$500 18 Carryover from prior year 4,820. 19 see page A-8. Add lines 16 through 18 Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See page A-10.) Unreimbursed employee expenses - job travel, union dues, job education, etc. Job Expenses and Certain Attach Form 2106 or 2106-EZ if required. (See page A-10.) Miscellaneous Deductions Tax preparation fees Other expenses - investment, safe deposit box, etc. List type and amount (See page A-10.) 24 Add lines 21 through 23 Multiply line 25 by 2% (.02) 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-Other - from list on page A-11. List type and amount 28 Other Miscellaneous Deductions 28 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filling separately)? Total No. Your deduction is not limited. Add the amounts in the far right column Itemized for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. 64,543 **Deductions** Yes. Your deduction may be limited. See page A-11 for the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here Schedule A (Form 1040) 2009 LHA 919501 11-04-09 For Paperwork Reduction Act Notice, see Form 1040 instructions.

163		2009 Virginia Nonresident Income	a Tax F	leturn			
heck A	pplicable Boxes:	Due May 3, 2010					
	mended Return - Check Result Of NOL	Attach complete copy of federal ta: Part-Year Resident; If you or your spouse				760PY.	
	xed Date Conformity	Your First Name		Last Name	Suffix	Your Social Security Number	
 ! ⋈	odifications verseas On Due Date		1 1		, 001117	Total Gooding Hamilda	
= 0	ualifying Farmer.Fisherman	JILL Spouse's First Name (Joint Returns Only	T	BIDEN Last Name	Suffix	Spouse's Social Security Nurr	nher
0	r Merchant Seaman	Spouse's riist wante (Joint Retains Only	/ [mi]	Last Maille	Guilly	Spouse's Social Glocality Holi	IIDO
Di	ame(s) And Address ifferent Than Shown On 208 Virginia Return	Present Home Address (Number and Str	not or Dur	al Dauta)		State of Residence	-
		Present nome Address (Number and Sir	Bet of Mul	ar Route)			
Ĕr	oalfield Employment nhancement Tax Credit arned in 2009	O't. T			l Out	DELAWARE	
		City, Town or Post Office			State	ZIP Code	
in	ass-Through Withholding cluded With This Return ttach Sch. VK-1)	WILMINGTON			DE		
Ψ.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Important - Name of Virginia City or Coulincome source is located FAIRFAX	nty in whick	ch principal place of business, en	iployment or City OR X County	Locality Gode from Instruction 059	1139
	Elling Status (Chask)				Total	Tota	
	Filing Status (Check	omà onei		u Dependents	ection 1 65 or over Blin		11 4
	1 Single (Did you claim fede	rai head of household? YES 🔲)	1	+ = x \$930 = \$		x \$800 = \$	
		In Total Distance				-	
	2 Married, Filing (BOTH must have \	Joint Return Arginia source income)	2	+ = x \$930 = \$	+ +	_ x \$800 = \$	
•	3 Married, Spous	e Has No Income From Any	2	+ x \$930 = \$	n-] = x \$800 = \$	
		•	L£] + [] = [] x \$930 = [\overline{D}] = []x \$800 = [Ф	
បំ	Spouse's full name	Separate Returns (Enter spouse's SSN above)	- .				
5 6 7 8 9 10 11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	TEELWRITION, FILING	JOSEPH R BIDEN JR.	[•	+ = 1 x \$930 = \$	930 +	x \$800 = \$	
<u>.</u>	Spouse's full name	GODELII K BIDEN UK.	_ ⊔	Add the Total of Section 1 p			_
•	: Danandant On Anai	ther's Return (See the Instructions for Line	441.			Enter the sum on the Enter whole dollars of	
						89,111	C
F 7		INCOME from your federal return (not fede				09,111	0
b '	Auditions from Line	32, Part I, on Page 2	••••••	***************************************		89,111	0
<u> </u>	Subtractions from t	6 and Line 7)	••••••		0	03,111	0
g 10		Ine 40, Part II, on Page 2				89,111	0
10		D GROSS INCOME (Subtract Line 9 from L					_
r 11		from Line 41, Part III, OR Itemized Deducti				24,936	0
12		Amount computed above. Enter the sum				930	0
2 13	Deductions (Schedu	ule NPY, Part II Line 2).	• • • • • • • • • • • • • • • • • • • •		13	05 066	0
14	Subtotal (Add Lines	11, 12 and 13)			14	<u>25,866</u>	0
15	l axable income con	nputed as a resident (Subtract Line 14 from	Line 10)		15	63,245	0
16	Percentage from Lir	ne 59, Part V, on Page 2 [Enter to one deci	mai place	only. (For ex.: 5.4%))	16	47.7	يا
17		ABLE INCOME (Multiply Line 15 by percent	tage on Li	ne 16)	17	30,168	0
18		ax Table or Tax Rate Schedule			18	1,477	0
19		ncome tax withheld (Attach Forms W-2, W					0
		inia income tax withheld (Attach Forms W-2					0
	(c) 2009 estimate	d tax payments (Include credit from 2008)			(c)	***	0
		ment - Form 760IP			(d)		0
	(e) Tax Credit for	Low Income Individuals or VA Earned Inco	me Credit	from Schedule NPY	(e)		0
		oald to another state from Schedule NPY, P					0
		ttached Schedule CR. If claiming Political C					0
20		AND CREDITS [Add Lines 19(a) through (g					0
21	If Line 18 is larger th	nan Line 20, enter the difference. This is the	INCOME	TAX YOU OWE. Skip to Line 23.	21	1,477	0
22		nan Line 18, enter the difference. This is the					0
23		alty and interest from Schedule NPY, Part V				6	
24	Amount of overpayr	nent on Line 22 to be CREDITED TO 2010 E	STIMATE	D INCOME TAX	24		0
25	Contributions from 5	Schedule NPY, Part VI, Line 7			25		0
E. 17		and Line 25				6	
26			•••••	***************************************		·····	† <u>~</u>
26 27	If you owe tax on the	ne 21, add I ines 21 and 28 - NR - If I ino 22	מיות חם פן ל	rnayment and I inc 26 ic larger			
26 27	If you owe tax on Lir	ne 21, add Lines 21 and 26 - OR - If Line 22			דמ	1 /22	N
26 27	If you owe tax on Lir than Line 22, enter t	he difference. This is the AMOUNT YOU OW			27	1,483	O
26 27	If you owe tax on Lit than Line 22, enter t Check here i	he difference. This is the AMOUNT YOU OW if credit card payment has been made	/E. Attach	payment		1,483	
26 27 28	If you owe tax on Lli than Line 22, enter t Check here i If Line 22 is larger th	he difference. This is the AMOUNT YOU OW	/E. Attach	payment	OU 28	1,483	0

Name	RM 763	(2009) Page 2	2		Issn		 ,				
L		IC TO FEDERAL	AD UIOYED ODGO		55N	·					
20			ADJUSTED GROS		•						1
30	Other addlil	one to indered ad	ner states, exempt	trom tederal	income tax, but i	iot state tax ,	******************		29 €		00
31	Ontol accept	ons to lederal ac	Justea gross incor	me as provide	id in instructions	(Attach explai	nation)	************	30 €		00
	TOTAL ADD	MILIUNG (V441)*	ty additions (See I	instructions)				*************************	31 ■		00
PART	II - SURTRA	CTIONS FROM F	EDERAL ADJUSTI	En apoce IN	nd on Line 7 on i	age 1			32 €	•	00
uu.	For Fillian Si	latus 4, enter spo	justed Federal Adj	instad Gloss II	ncome from Age	Deduction W	ork Sheet, Line 8,	If applicable			
			g Status 2 and 3 b			Col. A	- Spouse Day - Year	Col. B - You		٦٠.	
	even if o	ini uato (i oi i iiii)	for an age deduct	on v	is are required	Month -	Day - Year	Month - Day - Y	ear	-	
	(h) Enter An	my one qualities is Deduction (Co.	ioi ali aga degugi o instructions)	uon.)	(a)				100	4_	•
	(c) Add ame	1022 anii no atau	e instructions)	r the total on t	(0)		00		00		Tan
34	State incom	e tay refund or o	u) avuve anu eme vernevment eredi	t reported as i	mis ine				33 🛡		00
35	Income on	nhiinations or ser	curities of the H.S.	i ch usituda i most tempos	alata kaoma ta	BOBIAL FELORIL	on fadaral tax		04		00
36	Social Secu	rity and engiveler	nt Tier 1 Dailread I	. Oxonipi ilçili Roliromant An	siale income ta)	ies, dut not irc	om lederal tax	deral <u>retur</u> n	00 W		00
37	Disability in	come reported as	Wanes for never	anto in ilau af:	mados) an esseri	od as taxable i	ncome on your le	oerarreturn	30 •		00
	You cannot	claim an Ane De	eduction on Line (onto an noo or SS and the dir	wayos) on accou	int of permant	iiit aiiu totai uisau		07 🛋)	00
38	Special Fixe	d Date Conformit	tv subtractions (S	ee Instruction	ogniiith anntiani	Alt' Ogg Illeti	uptions.				00
39	Other Subtra	actions - refer to	the instruction	39a Enter	2 digit code la ba	······			Du •		00
		ner Subtraction C							iOh 🗪		00
				39c Enter 9	e digit code in be	×			iOn 🕳		00
_40	TOTAL SUB	TRACTIONS (Add	d Lines 33 thru 39	a). Enter here	and on line 9 o	n Dana 1		· ——	40 •		00
PART	III - STANDA	RD DEDUCTION	(Must be used ur	nless itemized	daductions are i	paino cialmed	on vour federal re	durn)	10,0		100
41	Filing Status	: 1 = \$3,000; 2 =	\$6,000; 3 or 4 = 1	\$3,000; Enter	here and on Line	11 on Page	1		41 ●		00_
PART	IV - ITEMIZE	D DEDUCTIONS	(If you itemized d	ieductions on	your federal retu	rn, see Page	6 of the Instruction	ons)			T-
42	Total federal	l itemized deducti	ions			,			42 ●	27,068	00
43	State and lo	cal income taxes	claimed on Sched	lule A (See ins	structions if your	federal Itemiz	ed deductions we	re reduced)		2,132	
44	TOTAL VIRG	SINIA ITEMIZEO I	DEDUCTIONS (Sur								
PART			SCOOL LONG LOUI	otract Line 43	from Line 42). E	nter here and	on Line 11 on Pag	ge 1	44 🏶	24,936	00
	V • NONRESI Enter losses of	IDENT ALLOCATI	ION PERCENTAGE	SCHEDULE (See instructions	,	on Line 11 on Pag	ge 1 COLUMN A All Sources	44 •	24,936 COLUMN B Virginia Sources	100
. 40	V - NONRESI Enter losses of Wages, salai	IDENT ALLOCATI r negative numbers rics, tips, etc	ION PERCENTAGE In brackets.	SCHEDULE (See instructions	,	45	COLUMNA All Sources 56,139	,	24,936 COLUMN 8 Virginia Sources 42,486	
46	V - NONRESI Enter losses of Wages, salai Interest inco	IDENT ALLOCATI r negative numbers ries, tips, etc. IMB	ION PERCENTAGE In brackets.	SCHEDULE (See instructions		45 46	COLUMNA All Sources 56,139	,	COLUMN B Virginia Sources	
46 47	V - NONRESI Enter losses of Wages, sala Interest inco Dividends	IDENT ALLOCATI r negative numbers ries, tips, etc.	ION PERCENTAGE in brackets.	SCHEDULE (See instructions		45 46 47	56,139 1,123	00	COLUMN B Virginia Sources	00
46 47 48	V - NONRESI Enter losses of Wages, sala Interest inco Dividends Alimony reci	IDENT ALL OCATI r negative numbers in les, tips, etc. umb	ION PERCENTAGE	SCHEDULE	See instructions			56,139 1,123	00	COLUMN B Virginia Sources	00
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46 47 48 49 50 51 52 53 54 55	V - NONRESI Enter losses or Wages, sala Interest inco Dividends Allmony reci Business inc Capital gain Other gains Taxable pens Rents, royalt Farm income Other income	IDENT ALLOCATI rles, tips, etc. rles, partnerships etc. respectively.	ION PERCENTAGE in bracksta. nin distributions and IRA distributions, estates, trusts, S	ons G corporations	See Instructions			23 31,826	00 00 00 00 00 00 00	Virginia Sources 42,486	00 00 00 00 00 00 00 00 00
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46 47 48 49 50 51 52 53 54 55 56 57 58 59	V - NONRESI Enter losses or Wages, sala Interest inco Dividends Allmony reci Business inc Capital gain Other gains Taxable pens Rents, royalt Farm income Other income Interest on or Lump-sum or TOTAL - Add Nonresident Place, show authorize these undersigned Your S e X Sprusy X	pipent ALLOCATI ries, tips, etc. ries, cor loss ries, cor loss ries, cor loss ries, partnerships ries, partnerships ries, partnerships ries, cor loss ries, cor loss ries, cor loss ries, partnerships ries, partnerships ries, partnerships ries, partnerships ries, declare under pent	ION PERCENTAGE In brackets. In distributions and IRA distributions, estates, trusts, S er states from Linumulation distribution to the state of t	e 29 tions included to column to test then to the time time time time time time time tim	See Instructions See In	Jumn A. (Com 5,4%ENTER) parer, X and to the best Check if deceased		All Sources 56,139 1,123 23 31,826 89,111 ge to one decimal 16 on Page 1 pe, it le e true, correct an	00 00 00 00 00 00 00 00 00 00 00 00 00	42,486 42,486 47.	00 00 00 00 00 00 00 00 00 00 00
46 47 48 49 50 51 52 53 54 55 56 57 58 59 I (We) u	V - NONRESI Enter losses or Wages, salai Interest inco Dividends Allmony reci Business inc Capital gain Other gains Taxable pens Rents, royalt Farm income Other income interest on or Lump-sum or TOTAL - Add Nonresident place, show authorize the re undersigned Your S e X Sprust X Arer's	pict ALLOCATI ries, tips, etc. ries, cone or loss ries, canulties a ries, partnerships ries, partners	ION PERCENTAGE In brackets. In distributions and IRA distributions, estates, trusts, S er states from Linu provided in the states of the st	ons 6 corporations 6 corporations 7 tions included the column to the col	See Instructions See In	Jumn A. (Com 5.4%ENTER) parer. X. Indicate the control of the cont		All Sources 56,139 1,123 23 31,826 89,111 ge to one decimal 16 on Page 1 pe, it le e true, correct an	00 00 00 00 00 00 00 00 00 00 00 00 00	42,486 42,486 47,	00 00 00 00 00 00 00 00 00 00 00
46 47 48 49 50 51 52 53 54 55 58 57 58 59 I (We) U(We) U	V - NONRESI Enter losses or Wages, salai Interest inco Dividends Allmony reci Business inc Capital gain Other gains Taxable pens Rents, royalt Farm income Other income Interest on or Lump-sum or TOTAL - Add Nonresident Place, show authorize the re undersigned Your S R Prepare X Inter's Inter's Inter's Inter's Inter's Inter's Inter's	picture of a jointure of a jointure of a signature of a jointure of a jo	in brackets. In brackets. In brackets. In distributions and IRA distributions, estates, trusts, S er states from Linumulation distribution to distribution to discussion to discuss	ons Georporations Georporation	See Instructions See Instruct	Jumn A. (Com 5,4%ENTER) parer, X and to the best Check if deceased		All Sources 56,139 1,123 23 31,826 89,111 ge to one decimal 16 on Page 1 pe, it is a true, correct an	00 00 00 00 00 00 00 00 00 00 00 00 00	42,486 42,486 47,	00 00 00 00 00 00 00 00 00 00 00
46 47 48 49 50 51 52 53 54 55 56 57 58 59 I (We) u	V - NONRESI Enter losses or Wages, sala Interest inco Dividends Allmony recipies income and the salar part of the salar	picture of a jointure of a jointure of a signature of a jointure of a jo	in brackets. In brackets. In distributions and IRA distributions, estates, trusts, S er states from Linu umulation distribution for and enter ea ntage - Divide Line nan 100% but no faxation to discuss alty provided by law to faxation, both must in introtum, both must in or and	ons Georporations Georporation	See Instructions See Instruct	Jumn A. (Com 5,4%ENTER) parer, X and to the best Check if deceased		All Sources 56,139 1,123 23 31,826 89,111 ge to one decimal 16 on Page 1 pe, it is a true, correct an	00 00 00 00 00 00 00 00 00 00 00 00 00	42,486 42,486 47.* plete return. Icme Phone Number Claimed on federal return ""s FEIN/PTIN/SSN	00 00 00 00 00 00 00 00 00 00 00

Schedule NPY 2009

Schedule of Adjustments For Nonresident or Part-Year Resident

Attach this Schedule to your Form 760PY or Form 763

You	ır Name As Shown On V	irginia Return					B Your Socia	Secu	rity Number	
JI	LL T BIDEN		····							
Spo	ouse's Name As Shown (On Virginia Return					A Spouse's S	ocial	Security Number	
Pai	rt I - Form 760PY	ONLY - Age Deduction	on - Read instruction	ns be	fore complet	ing			You	
		djusted Gross Income from			Social Securi	tv and	equivalent Tier 1	L		00
Age	Deduction Worksheet, L	ine 8, if applicable		00	Railroad Reti	rement axable	Act benefits income on your	_	Spouse	т
•	•		Month - Day - Ye	ar	federal return					00
Forl	Filing Status 3, enter sp	ouse's birth date				\mathbf{A}_{-}	Spouse		B You	
1.	Enter birth date (For Fill qualifies for an age dedu	ing Status 2 and 4; Both birth dat uction)	es are required even if c	nly on	e 1.	Mo	nth - Day - Ye	ar	Month - Day - Yo	ear T
2.	Enter Age Deduction (Se	ee instructions)			2.			00		00
3.	Enter the amount from t	he Ratio Schedule for the date yo	u moved into or out of \	Virginla	ı 3.			T-		Т
								00		00
	Filing Status 1 or 3 - Tra	on - Multiply Line 2 by Line 3 and ansfer amount from Line 4, Col. B	to Form 760PY. Line 3	B. Col.	4. I B	Υ	ou may NOT cla	m hat	h this deduction and th	18
	Filling Status 2 - Transfe	r the total of Line 4, Col. A & B to r the amounts from Line 4 to For	FORM / BUPY, LINE 38, U	JOI. 15		disat Lin	e 43. Claim the	one th	on on Form 760PY, Panet benefits you the mo	n III, 18t.
Da	rt II - Deduction	s from Virginia Adjuste	ed Gross Income	.		A	SPOUSE			
						Thi	s column for 760 g Status 4 filers	PY only	B YOU	-
1.	Refer to the Form 760P	Y or 763 Instruction book								
		******************	1a	. L		ļi		00		00_
										l
			1b	:		ļ		00		00
										00
			10	٠ ـــــ		L		00	<u> </u>	100
2.	Total Deductions - Add									
	For Form 760PY filing s	status 4 filers, enter the total for C	olumn A and Column B					T		T
	in the applicable colum	n on Form 760PY Line 13. All oth	er tilers, enter the total		ŋ	}	•	00		00
		13, Column B, of Form 760PY or						100		
•	List below the name	t For Low Income Indi , Social Security Number (SSI led, attach a schedule with th III. Fallure to complete this Pa	N) and Guideline Inco e name, SSN and Gu art may result in this o	me fo	r you, your sp	ouse a ach a d or dia	and each depe dditional depe sallowed.		t. · Guideline incom	
	Family VAGI		Name		· · · · · · · · · · · · · · · · · · ·	500	ial Security No. (OQIV)	Quideline modifi	00
1.	Yourself		-,,			+				00
2.	Spouse					 	····			00
-	. Dependent									00
-	. Dependent	Income (Be sure to include infor	mation from attached er	hedul	If applicable)			3.		00
4.	Enter the total number of	exemptions listed above and on any at- idelines in the instructions, determine y come Credit on your federal return, enter	ached schedule. Based on t	his total	, the total family G	wideline or Low in	Income from	4		00
	but claimed an Earned inc	come Credit on your federal return, ente	0 and proceed to Line 7 ,		******************			. 4. 5.		00
5.	If eligible, enter the nu	umber of personal exemptions fro	m Form 760PY or Form	1763		huk ale	d an Earnad	•		100
6.	Multiply Line 5 by \$30	00 and enter the result. Proceed t	o Line 7. If you do not q	uanty i	or the tax credit	DUI CI	HILLED ALL CALLIED	6.		00
	Income Credit on you	r federal return, enter \$0 and pro	ceed to Line /	 د امالد	ot alaim an Car	nad laz	ome credit			1
7.	Enter the amount of E	arned Income Credit claimed on	your tegeral return. If yo	one sh	ivi Cidilit dii Cdi Lingtructione	HEO HIC	onio organi	7.		00
_		, enter \$0. If you are married filln								00
8.	Multiply Line 7 by 20	% (,20)	***************************************				**************			00
9.	Enter the greater of L	ine 6 or Line 8of tax on Form 760PY, Line 17, 0	vr on Form 769 Line 19	to the	amount on I in	e 9 abn	ve. Enter			
1(. Compare the amount	e. This is your tax credit. Enter or	Form 760PV Ina 18/	, 10 010 8), nr F	orm 763. Line 1	9(e)		. 10		00
	the lower amount her	e. This is your tax credit. Eitter Of	TOTAL TOOL TALING TOO	7, 01 1	V. 111 1 V. V. L.	-1-/				

Schedule NPY 2009 Page 2

Your	Name As Shown On Virginia Return		B Your Socia	l Securit	y Number	
	L T BIDEN					
Spor	use's Name As Shown On Virginia Return		A Spouse's	Social Se	curity Number	
Part	IV - Credit For Tax Paid To Another State	Ī.	SPOUSE			
•	Attach copy of that state's return.	A	his column for 760 PY	В	YOU	
1. Fi	nter qualifying taxable income base for other state's taxes. (See instructions) 1.		0	1		00
	irginia Taxable Income - Enter amount from Form 760PY, Line 15 or Form 763, Line 17 2.	t .	0	0		00
	nter qualifying tax paid to other state. (See instructions.) Other state: 3.		0	0		00
	irginia Income Tax - Enter the amount from Form 760PY, Line 16 or from Form 763, Line 18 4.		0	0		00
	come Percentage - If filing Form 760PY, divide Line 1 by Line 2. If filing Form 763, divide					
	ne 2 by Line 1. Compute to 1 decimal place not to exceed 100% (For ex, 1.6%) 5.			/6		%
	orm 760PY filers, multiply Line 4 by Line 5. Form 763 filers, multiply Line 3 by Line 5		o	0		00
	redit - Form 760PY filers, enter the lesser of Lines 3 or 6, Form 763 filers, enter the lesser of Lines 4 or 6		0	0		00
	otal - Add Line 7, Col. A and Col. B. Also enter on Form 760PY, Line 18(f), or Form 763, Line 19(f).					
N	ote: The sum of Line 10, Part III and Line 8, Part IV, cannot exceed your tax liability. Adjust Line 8, Part IV	art IV, if				
n	ecessary to ensure sum does not exceed tax liability		8	· L		00
						7
art	V - Addition to Tax, Penalty and Interest			1	_	
1.	Addition to Tax · Enter the amount from Form 760C or Form 760F, whichever is applica	ıble	*****************	1.	6	00
2.	Penalty - See instructions. If owed, check one and enter amount:			_		
	Late Filing Penalty or Extension Penalty			2.		00
				_		
3.	Interest · Compute on amount from Form 760PY, Line 20, or Form 763, Line 21. See In	structio	ns	3,		00
				.	6	
4.	Total - Add Lines 1, 2 and 3. Enter here and on Form 760PY, Line 22, or Form 763, Line 23	••••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	0	00
) ari	VI - Contributions and Consumer's Use Tax		Code		Amount	
1.						
''	Enter the code for the organization and the contribution amount(s) in boxes 1a and 1b.	,	1a.	L		00
	If you are donating to more than 2 qualifying organizations, enter the code "00" in					
	the first box and the total amount of all donations. Attach a separate page indicating		1b			00
	the amount you wish to contribute to each organization. See instructions for contribution codes.					
						т
2.	Total Voluntary Contributions - Add Lines 1a and 1b This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of L	ines 22	and 23:	ł		-
	or Form 763, Line 22 minus the total of Lines 23 and 24			2	· · · · · · · · · · · · · · · · · · ·	00
3.	Other Voluntary Contributions					,
•	Enter the code of the organization and the contribution amount(s) in boxes 3a and 3b.			1		
	If you are donating to more than 2 qualifying organizations, enter the code "00" in		3a.			00
	the first box and the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See instructions for					
	contribution codes.		3b	L		00
4.	Public School and Library Foundations Enter the code of the foundation and the contribution amount in					_
	boxes 4a, 4b and 4c.			-		00
	If you are donating to more than 3 foundations, enter 4b.					00
	"999999" in the first box and the total amount of donations. Attach a separate page indicating the amount you wish to					00
	contribute to each foundation. See Instructions for					1
	foundations codes.			_		1
5.	Total Contributions - Add Line 2, Lines 3a and 3b and Lines 4a, 4b and 4c			5		00
	•			_		
6.	Consumer's Use Tax			e.		00
7.	Total Contributions and Consumer's Use Tax - Add Lines 5 and 6			į į		
	Enter this amount on Form 760PY, Line 24 or Form 763, Line 25			7		00

760C - 2009 Underpayment of Virginia Estimated Tax by Individuals, Estates and Trusts

 Attach this form to 	Form 760, 763, 76	OPY or 770.					
Fiscal Year Filers:	Enter beginning d		20	, ending date _			check here
First Name, Middle Initial a	and Last Name (of Both	if Joint) - OR -	Name of Estate or Trust		Your S	ocial Security Number or	FEIN
7777 M DTD	E!XT			* *			•
JILL T BID		***************************************			Spoua	e's Social Security Numb	er
•	·						
					Office	Use SC	Office Use Payment
Part I - Comput	e Your Under	paymen	t .				
1, 2009 Income Tax	Liability After Spou	se Tax Adjus	tment and Nonrefundabl	e Credits	•		
(If \$150 or less, y	ou are not required	to file Form	760C.)			1,	1477.
						_	1200
2. Enter 90% of the	Amount Shown on I	ine 1				2.	1329.
n 0000 Importo Tou	I iahilibu Affan Chau	sa Tau Adlua	tment and Nanyatundahl	a Oradita		. 3.	
3. 2008 income tax	Liability After Spou	se rax Aujus	tment and Nonrefundabl	B Credits			
4. Enter the Amount	From 1 ine 2 or 1 ine	3. Whichev	er is less			. 4.	1329.
4. Litter the Amount	TOTAL COLUMN	O) Williams	01.10.000	· · · · · · · · · · · · · · · · · · ·			
5. Enter the Number	of Installment Perio	ds for Which	You Were Liable to Mai	ke Payments		5.	4.
l ine	6 Through 14	. Compl	ete Each Line A	cross All Colum	ns Before Cont	inuina to Next	Line
	o moagn i	. ooinbi	oto Eugh Enio A		·		
				May 1, 2009	B June 15, 2009	C Sept. 15, 2009	Jan. 15, 2010
6. Due Dates of Insta		- 4 b. the s	umber of installments	Widy 1, 2009	Julie 15, 2005	38pt. 10, 2003	0411. 15, 2010
,	ie the amount on Li 5 and enter the resu			332.	332.	332	. 333.
reported on Line t	and enter the resu	ситевру	opriate columns.	552.			
8. Enter the Income	Tax Withheld for Ea	ch Installme	nt Period	0.	0.	0	. 0.
9. Enter the Overpay	ment Credit From Y	our 2008 Inc	ome Tax Return				
10. Enter the Amount	• • •					. •	
	opriate Column (Do						
11. Underpayment or			8, 9 and 10 From	332.	332.	332	. 333.
12. Other Payments (ctions for overpaym Enter the payments	from the Lat	e Payment/	3321	332.		- 3337
12. Other Payments (Overpayment Tab recorded. Do not	le below, beginning	with the earl	lest payment	-			
1000/000: 50 1101		Date	Amount			:	
a. First Payment							
b. Second Payme	nt						
a Third Daymant					·		
c. Third Payment							
d. Fourth Paymen	t l					•	
13. Enter the Total Tir		e as of Each	Installment Due Date				
	0 and 12 (For ex., i						
made by May 1, 2							
14. Subtract Line 13 f							
			r less, stop here; you				,
		your under	payments total more	332.	332.	332	. 333.
than \$150, procee	Late Pav	ment / C	verpayment Tal	ole (See Instruc			
Date of Payment	a	Date of F		Date of Payme		Date of Paymer	
Payment Amount		Payment	Amount	Payment Amo	unt	Payment Amou	nt
\$				\$		\$	

983081 01-22-10 1019 Va. Dept. of Taxation 760C 2601033 (REV 12/09)

760C - 2009 Page 2

JILL T BIDEN

'a	rt II - Exceptions That Void the A	ddition to Tax	A May 1, 2009	B June 15, 2009	C Sept. 15, 2009	D Jan. 15, 2010
15.	Total Amount Paid and Withheld From January the Installment Date Indicated	1, 2009 Through				
16.	Exception 1: Prior Year's Tax (Multiply the	100% of 2008 Tax	25%	50%	75%	100%
	2008 tax by the percentage in each column.)					
	Exception 2: Tax on Prior Year's Income Using the 2009 Rates and Exemptions (Multiply the 2008 tax by the percentage in each column.)	100% of Tax	25%	50%	75%	100%
18.	Exception 3 Worksheet; Tax on Annualized 20 Lines 18a, b and c; April 30 column; May 31 column; August 31 colum	Multiply the actual amo Multiply the actual amo	unt for the period ende unt for the period ende	d April 30, 2009, by 3. d May 31, 2009, by 2.4	l .	.)
	•	From January 1 to:	April 30	May 31	August 31	Make
	a. Annualized Virginia Adjusted Gross Income (VAGI) for Each Period	18000.	14400.	21000.	Note
	b. Compute the Annualized Itemized Deduction Above OR Enter the Full Standard Deduction Did Not Claim Itemized Deductions	s Using the Formula in Each Column If You	24936.	24936.	24936.	Estates and trusts should use end dates of March 31, Apri
	c. Compute the Annualized Child and Depender	it Care Expenses and				30 & July 31,
	other deductions for Each Period					<u> </u>
	d. Total Dollar Amount of Exemptions Claimed	on Your Return	930.	930.	930.	
	e. Virginia Taxable Income (Subtract Lines 18b	c and d from Line 18a.)	-7866.	-11466.	-4866.	
	f. Virginia Tax (Enter the Va. income tax on the amount	a) shown on line 18e above.)	0.	0.	0.	Note
	g. Multiply Line 18f by the Percentage Shown f		22.5%	45%	67.5%	
			0.	0.	0.	Exceptions
19.	Exception 4 Worksheet; Tax on 2009 Income	Over a 4, 5 and 8 Month Per	lod* (*3, 4 and 7 mont	3 and 4 do		
	•	From January 1 to:	April 30	May 31	August 31	not apply to
	a. Enter Your Virginia Adjusted Gross Income (VAGI) for Each Period	6000.	6000.	14000.	the fourth installment period.
	b. Enter the Itemized Deductions Claimed for Ea	ich Period OR (If Greater)				period.
	the Full Standard Deduction		8312.	10390.	16624.	
	C. Enter the Child and Dependent Care Expenses and o	ther deductions for Each Period				•
	d. Enter the Total Dollar Amount of Exemptions	Claimed on Your Return	930.	930.	930.	
	e. Virginia Taxable Income (Subtract Lines 19b	c and d from Line 19a.)	-3242.	-5320.	-3554.	
	f. Virginia Tax (Enter the Va. income tax on the amount	s) shown on Line 19e above.)	0.	0.	0.	
	g. Multiply Line 19f by 90% (.90) for Each Perk	vd	0.	0.	0.	

Part III - Compute the Addition to Tax

If an exception has been met (Part II) for any installment period, complete the column for that period as follows: write "Exception" and the exception number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter '0' on Line 24. For all other periods, complete each line as instructed below.

	A	В		С		D
EXQ	eprodon3	EXOMET	2009N3	EXCEEDS TOOM 3	Jan	. 15, 2010
						333.
SEE	UNDERP	AYMENT	OF	ESTIMATED	TAX	WKST

 Addition to Tax (Total the amounts on Line 24. Enter here and on the "Addition to Tax" line on your income tax return.)	6.	J,

	Name(s)				Identifying i	lumber
	JILL T BID	(B)	(C) Adjusted	(D)	(E)	(F)
	*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Dally Penalty Rate	Penalty
			-0-			
	05/01/09	332.	0.			
	06/15/09	332.	0.			
	09/15/09	332.	0.			
	01/15/10	333.	333.	106	.000164000	
_						
-						
•				***		
_						
			,	·	,	·
			··			
	nalty Due (Sum of Colum	ın F).				6

^{*} Date of estimated tax payment, withholding credit date or installment due date.

* EXCEPTION MET 912511 04-24-09